

MEMORANDUM

Agenda Item No. 7(M)(2)(C)

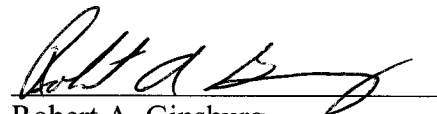
TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: April 13, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution relating to
the provision of In-Kind
services for the Everglades
K-8 FCAT Pep Rally

The accompanying resolution was prepared and placed on the agenda at the request of Sen. Javier D. Souto.



Robert A. Ginsburg
County Attorney

RAG/jls



MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: April 13, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No. 7(M)(2)(C)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor

Agenda Item No. 7 (M) (2) (C)

Veto _____

4-13-04

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING A PROVISION
OF IN-KIND PARK AND RECREATION DEPARTMENT
SERVICES TO EVERGLADES K-8 FOR THE FEBRUARY 26, 2004
FCAT PEP RALLY IN AN AMOUNT NOT TO EXCEED \$4,416

WHEREAS, Everglades K-8 has requested that Miami-Dade County provide use of the Park and Recreation Department's show mobile and bleachers for the February 26, 2004 FCAT Pep Rally in an amount not to exceed \$4,416 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, each Commission District has a \$7,000 allocation for fee waivers and in-kind services; and

WHEREAS, this event is a district event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively approves use of the Park and Recreation Department's show mobile and bleachers for Everglades K-8 February 26, 2004 FCAT Pep Rally in an amount not to exceed \$4,416.

The foregoing resolution was sponsored by Senator Javier D. Souto and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson
Katy Sorenson, Vice-Chairperson

Bruno A. Barreiro
Betty T. Ferguson
Joe A. Martinez
Dennis C. Moss
Natacha Seijas
Sen. Javier D. Souto

Jose "Pepe" Diaz
Sally A. Heyman
Jimmy L. Morales
Dorrian D. Rolle
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 13th day of April, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Mariela Martinez-Cid



MIAMI-DADE COUNTY
FE: WAIVER/IN-KIND SERVICES APPLICATION

\$ 4416

COUNTY FEE WAIVERS OR IN-KIND SERVICE REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2511
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- * ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: Everglades K-8 Center

2. _____

3. Applicant Status: (Select one of the choices below)

- ☐ Not-For-Profit or Tax Exempt
- ☐ For-Profit
- ☐ County Sponsored Event/Sporting Department _____
- * ☒ Other (specify): Miami-Dade Public School

4. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): D. Williams 8375 SW 16th St. 305-264-4154 X 184 305-261-8179 Docie80@gladeschools.net

5. _____

4. Specify fee waiver or in-kind service requested (quantify, if applicable): _____

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Feb 26, 2004, 9:00a.m. - 11:30 a.m. The purpose of this event is to motivate students to do their best on the FCAT

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- * ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

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7. Physical address of event venues (please specify Commission District(s)): District # 10 8375 SW 16th Street

MIAMI-DADE COUNTY
PE: WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: We are a kindergarten through 8th grade school located in district 10. We are an A School having made an A for four years in a row. This event brings Colleges, Government, Business and the Community together to stress the importance of education and to motivate students to do their best on the FCAT test.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): The stage and bleachers will be set up on Wednesday Feb. 25th at 2:30 p.m. on the P.E. field.
10. _____
11. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Entrance to PE field is on S. 83rd Avenue next to the Middle School
12. _____
13. Expected number of participants and estimated attendance (per day, if applicable): 1,500 students, staff and guest.
14. _____
15. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): _____

I hereby certify that all the statements made in this application are true and correct.


Signature of Authorized Representative

2-5-04
Date